



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 8413

| | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| SERIAL NUMBER 10/733,734 | FILING OR 371(c) DATE 12/11/2003 RULE | CLASS 370 | GROUP ART UNIT 2109 | ATTORNEY DOCKET NO. FIS920030290US1 |
| APPLICANTS Giora Biran, Zichron-Yaakov, ISRAEL; Zorik Machulsky, Nahariya, ISRAEL; Vadim Makhervaks, Yokneam, ISRAEL; Leah Shalev, Zichron Yaakov, ISRAEL; | | | | |
| ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/17/2004 | | | | |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged | Examiner's Signature <i>[Signature]</i> Initials <i>A.M.</i> | STATE OR COUNTRY ISRAEL | SHEETS DRAWING 17 | TOTAL CLAIMS 40 |
| INDEPENDENT CLAIMS 3 | | | | |
| ADDRESS 23550 | | | | |
| TITLE RDMA network interface controller with cut-through implementation for aligned DDP segments | | | | |
| FILING FEE RECEIVED 1260 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |